

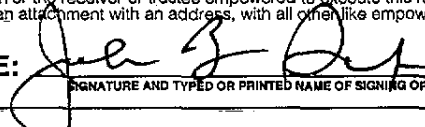


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001439 1. Entity Name J D C FLORIDA, INC.			
Principal Place of Business 41 WEST I-65 SERVICE ROAD NORTH MOBILE, AL 36608		Mailing Address P.O. BOX 160306 MOBILE, AL 36616-1306	
DO NOT WRITE IN THIS SPACE			
		04212005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 77-0591479	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPUS, JOSEPH J III 3298 SUMMIT BLVD. #18 PENSACOLA, FL 32503-4350		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	CP		
NAME	SAINT, JOHN B		
STREET ADDRESS	41 WEST I-65 SERVICE ROAD NORTH		
CITY - ST - ZIP	MOBILE, AL 36608		
TITLE	D		
NAME	KELLY, DON P JR.		
STREET ADDRESS	41 WEST I-65 SERVICE ROAD NORTH		
CITY - ST - ZIP	MOBILE, AL 36608		
TITLE	D		
NAME	STEFAN, CHESTER J		
STREET ADDRESS	41 WEST I-65 SERVICE ROAD NORTH		
CITY - ST - ZIP	MOBILE, AL 36608		
TITLE	V		
NAME	CAMPUS, JOSEPH J III		
STREET ADDRESS	3298 SUMMIT BLVD. #18		
CITY - ST - ZIP	PENSACOLA, FL 32503		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-21-05 (251) 380-2929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	